

## Foster Family Home - Corrective Action Report

Provider ID: 1-140070

Home Name: Rosalina Basug, CNA

Review ID: 1-140070-7

520 Kulia Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 4/28/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, MSW  
Compliance Manager

Rosalina Basug  
Primary Care Giver

4/28/2020  
Date

4-28-2020  
Date